

PART III - SECTION J, ATTACHMENT J.12

CERTIFICATION OF PHYSICAL QUALIFICATIONS**FEDERAL AVIATION ADMINISTRATION SECURITY OFFICERS****EMPLOYEE NAME:** _____ **DATE OF BIRTH:** _____**ADDRESS:** _____**CONTRACTOR:** _____**CONTRACT NO.:** _____

- // YES // NO** The individual named has submitted to drug test/screen and has successfully passed.
- // YES // NO** The individual listed above is physically fit to perform guard duties and is in good general health without any physical defects or abnormalities.
- // YES // NO** The individual named above possesses binocular vision correctable to 20/30 (Snellen) and is not color blind.
- // YES // NO** The individual named possesses hearing (corrected with a hearing aid or uncorrected) at 500, 1000, 2000, and 3000 Hertz (Hz) at a level less than or equal to 25 decibels.
- // YES // NO** The individual named possesses hearing (corrected with a hearing aid or uncorrected) at 4000 and 5000 Hz is less than or equal to 45 decibels.
- // YES // NO** The individual named possesses hearing (corrected with a hearing aid or uncorrected) a hearing difference between the individual's ears in the 500-3000Hz range that is less than or equal to 15 decibels.
- // YES // NO** The individual named possesses hearing (corrected with a hearing aid or uncorrected) that is not affected by an ear disorder that affects equilibrium.

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CERTIFIED BY: _____

Contractor

Physician's Typed or Printed Name

Physician's Signature

Date

Address

Phone No.